

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>098414720</i>	FILING DATE <i>4/29/01</i>	
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11	1						61		
12	1						62		
13	1						63		
14	1						64		
15	1						65		
16	1						66		
17		1					67		
18		1					68		
19		1					69		
20		1					70		
21		1					71		
22		1					72		
23	1						73		
24	1						74		
25	1						75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30	1						80		
31	1						81		
32	1						82		
33	1						83		
34	1						84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	15						TOTAL IND.		
TOTAL DEP.	19	→		→		→	TOTAL DEP.		→
TOTAL CLAIMS	34	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS